## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10738378

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |   |                               |                                 |                  |   | SMALL ENTITY TYPE   |                        |    | OTHER THAN<br>SMALL ENTITY |                        |  |
|--|--|---|---|-------------------------------|---------------------------------|------------------|---|---------------------|------------------------|----|----------------------------|------------------------|--|
| TOTAL CLAIMS                                   |  |   | 44                                      |                               |                                 |                  |   | RATE                | FEE                    |    | RATE                       | FEE                    |  |
| FOR  |  |   | NUMBER FILED                            |                               | NUMBER EXTRA                    |                  |   | BASIC FEE           | 385.00                 | OR | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                        |  |   | 44 min                                  | us 20=                        | • 24                            |                  |   | X\$ 9=              | 216                    | OR | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS                             |  |   | ) mir                                   | nus 3 =                       | * —                             |                  |   | X43=                |                        | OR | X86=                       |                        |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM PR                             | RESENT                                  | ·                             |                                 |                  |   | +145=               |                        | OR | +290=                      |                        |  |
| * If   | the difference   | in column 1 is                            | less than ze                            | ro, enter                     | r "0" in c                      | 0" in column 2   |   | TOTAL               | 601                    | OR | TOTAL                      |                        |  |
|  | CI   | LAIMS AS A<br>(Column 1)                  | MENDED - PART II  (Column 2) (Column 3) |                               |                                 |                  |   | SMALL E             | NTITY                  | OR | OTHER<br>SMALL I           |                        |  |
| AMENDMENT A                                    |  | CLAIMS REMAINING AFTER AMENDMENT          |   | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY            | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                   | **                            |                                 | =                |   | X\$ 9=              |                        | OR | X\$18=                     |                        |  |
| MEN  | Independent  | *   | Minus                                   | ***                           |                                 | =                |   | X43=                |                        | OR | X86=                       |                        |  |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                               |                                 |                  |   | +145=               |                        | OR | +290=                      |                        |  |
|  |  |   |   |                               |                                 |                  |   | TOTAL               |                        | 1  | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)               |  |   |   |                               |                                 |                  |   | ADDIT. FEE          |                        | d  | 70011. TEE                 |                        |  |
| ENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |   | HIGH<br>NUM<br>PREVI          | HEST<br>HBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |   | RATE                | addi-<br>Tional<br>Fee |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| MON  | Total  | *   | Minus                                   | ##                            |                                 | =                |   | X\$ 9=              |                        | OR | X\$18=                     |                        |  |
| AMENDMENT                                      | Independent  | *   | Minus                                   | ***                           | T C1 644                        | =                |   | X43=                |                        | OR | X86=                       |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                               |                                 |                  |   |                     |                        | OR | +290=                      |                        |  |
|  |  |   |   |                               |                                 |                  |   | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |  |
|  |  | (Column 1)                                |   |                               | ımn 2)                          | (Column 3)       | 1 |                     |                        | _  |                            | _                      |  |
| AMENDMENT C                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NUN<br>PREVI                  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                   | **1                           |                                 | = .              |   | X\$ 9=              |                        | OR | X\$18=                     |                        |  |
|  | Independent  | *   | Minus                                   | ***                           |                                 | =                |   | X43=                |                        | OR | X86=                       |                        |  |
| <b> </b>                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                               |                                 |                  |   |                     |                        | OR | .000                       |                        |  |
| +145=  |  |   |   |                               |                                 |                  |   |                     |                        |    | +290=                      |                        |  |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                               |                                 |                  |   |                     |                        |    |                            |                        |  |